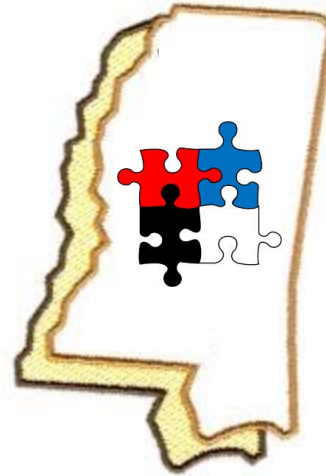


MS Statewide Autism Training Initiative
C/O Boswell Regional Center
Autism Services
1049 Simpson Highway 149
Magee, MS 39111



Mississippi's Statewide Autism Training Initiative

Autism Foundations Training for the Lifespan

Hosted by:

**Hickory Flat Attendance Center
26 Rebel Drive
Hickory Flat, MS 38633**

November 2 and 9, 2016

Purpose: In response to the needs of individuals with Autism Spectrum Disorders (ASD), their families and the individuals working with them, the Mississippi Department of Mental Health, Boswell Regional Center formed an Autism Services Division and a Curriculum Task Force. These entities are providing support to pilot an Autism Statewide Training Initiative designed to build capacity in the state to provide evidence-based services and supports to individuals with ASD and their families across the lifespan.

About the Training: This two-day training will provide participants with an extensive foundation in ASD and is geared to produce the following learning outcomes:

- ⇒ Understanding of the characteristics of autism and their impact on individuals through the lifespan
- ⇒ Skills in determining priorities and planning strategies to address them
- ⇒ Skills in the design and use of visual strategies
- ⇒ An understanding of sensory processing and strategies for meeting sensory needs
- ⇒ Skills in environmental set-up and arrangement
- ⇒ Skills in identifying and utilizing evidence-based practices in the areas of social, communication and behavior
- ⇒ Strategies for effective teaming
- ⇒ An awareness of state and national autism resources

Registration: Registrations will be processed by date received. Please return the completed registration by the deadline date listed on the form to be considered for participation.

If you require any auxiliary aids, services, or special requirements, please contact: Teresa Johnson, Boswell Autism Services at 601-867-5000 ext. 75018.

Website: For more information, please visit our website at: <http://www.brc.ms.gov/Pages/autismtraining.aspx>.

Registration Form

Name: _____

Phone #: _____ Fax: _____

Email: _____

Company: _____

Address: _____

City _____ State _____ Zip _____

Job Title: _____

Discipline: _____

Number of years in profession: _____

I am a(an) (please check all that apply)

☐ professional ☐ parent ☐ other family member ☐ individual with ASD

If parent or family member, what is the age of your family member(s) with ASD? _____

Special needs: _____

Planning forms have been submitted for review for the following disciplines: Mental Health Therapist, Intellectual and Developmental Disabilities Therapist, Licensed DMH Administrator, Community Support Specialist, Social Worker, Counselor/LPC, Psychologist, University/Education CEUs, and School Executive Management Institute (SEMI) credits.

SPACE IS LIMITED

Please return by the registration deadline date of **October 25** for the **November 2 & 9, 2016** training to be considered for participation.

Send to:

**Teresa Johnson, Autism Services
Boswell Regional Center
1049 Simpson Highway 149
Magee, MS 39111**

or

tjohnson@boswell.state.ms.us

or

Fax: 601-867-3000